



Desire for control, sense of control and obsessive-compulsive checking: An extension to clinical samples

Richard Moulding^{a,b,*}, Guy Doron^c, Michael Kyrios^b, Maja Nedeljkovic^b

^a Department of Psychology, University of Melbourne, Australia

^b Faculty of Life and Social Sciences, Swinburne University of Technology, Melbourne, Australia

^c Interdisciplinary Center (IDC) Herzliya, Herzliya, Israel

ARTICLE INFO

Article history:

Received 17 May 2007

Received in revised form 22 February 2008

Accepted 6 March 2008

Keywords:

Cognitive theory

Obsessive-Compulsive Disorder

Cognition

Psychological needs

ABSTRACT

Research in non-clinical samples has suggested that control beliefs, specifically desire for control and sense of control, may play a role in Obsessive-Compulsive Disorder. The present study extends a previous research design to clinical participants [Moulding, R., Kyrios, M., & Doron, G. (2007). Obsessive-compulsive behaviours in specific situations: The relative influence of appraisals of control, responsibility and threat. *Behaviour Research and Therapy*, 45, 1693–1702]. In this study, clinical participants with OCD-checking symptoms ($n = 16$), anxiety disorders ($n = 17$) and community controls ($n = 27$) were presented with four hypothetical scenarios. Using a manipulation paradigm, the relationship between control appraisals and other OCD-relevant constructs (threat, responsibility) was examined. As in the non-clinical study, desire for control was moderately affected by responsibility and threat manipulations, while sense of control was not affected by these manipulations. Individuals with OCD recorded higher desire for control and lower sense of control relative to community controls, and a higher desire for control than the anxiety group, suggesting some specificity to OCD. A possible interactive model of control, threat and responsibility is discussed.

© 2008 Elsevier Ltd. All rights reserved.

1. Introduction

Obsessive-Compulsive Disorder (OCD) has a lifetime prevalence of 1.6% (Kessler, Berglund, Demler, Jin, & Walters, 2005), and has been rated as a leading cause of disability by the World Health Organisation (Murray & Lopez, 1996). Cognitive models propose that OCD is a result of the misinterpretation of common intrusive thoughts, leading to dysfunctional neutralization strategies such as compulsions, in an attempt to prevent distress and other potential negative outcomes. Such strategies

exacerbate the frequency and intensity of the intrusive thoughts, leading to clinical obsessions (e.g., Salkovskis, 1985). The likelihood of such misappraisals is increased by dysfunctional beliefs, such as overinflated responsibility, threat, the importance of thoughts, the need for thought control, perfectionism, and an intolerance for uncertainty (Frost & Steketee, 2002; Obsessive Compulsive Cognitions Working Group [OCCWG], 2001). However, recent research suggests that a substantial proportion of individuals with OCD does not show high levels of the dysfunctional beliefs identified by the OCCWG (Calamari et al., 2006; Taylor et al., 2006), leaving open the possibility that additional beliefs may be important in this disorder.

Several authors have associated OCD with notions of control, for example the control of thoughts, control of the world through rituals, and concerns regarding losing control over their own actions (e.g., Bolton, 1996; Carr, 1974; McFall & Wollersheim, 1979; Reuven-Magrill, Dar, &

* Corresponding author at: Faculty of Life and Social Sciences, Swinburne Psychological, Clinical and Health Evaluation (SwinPsyCHE), Research Unit, Swinburne University of Technology, P.O. Box 218, Hawthorn, Victoria 3122, Australia. Fax: +61 3 9214 8823.

E-mail address: rmoulding@swin.edu.au (R. Moulding).

Liberman, in press). In particular, two control constructs from the wider literature that may be relevant to OCD are the individual's sense of control (SC), and their need or desire for control (DC; Skinner, 1996). SC incorporates both the extent to which an individual believes they can perform an action and the extent to which they believe that such an action will lead to a desired outcome or avoid an undesirable one (Skinner, 1996). While SC is focused on how much control individuals feel they have, individuals also vary in their levels of desire for control, defined as the individual's motivation to achieve a sense of control over events in their life (following Burger & Cooper, 1979). Recent cognitive models of OCD have focused on beliefs regarding the need to control thoughts (e.g., Purdon & Clark, 2002; Rachman, 1997; Salkovskis, 1985). Individuals with OCD have been found to have a higher desire to control their thoughts, but a lower sense of control over intrusive thoughts, than non-clinical participants (for reviews see Clark, 2004; Purdon & Clark, 2002).

It has been proposed that broader control beliefs may be important to OCD, and contribute to a better understanding of the reasons why individuals with OCD feel an excessive need to act in response to their intrusive thoughts (Moulding & Kyrios, 2006). Moulding and Kyrios proposed that individuals with a greater need to exert control over events in their lives (i.e., higher DC) combined with a low evaluation of their level of control within a situation (i.e., lower SC), have a greater tendency to experience anxiety and are more likely to act to regain their sense of control and reduce their anxiety (e.g., following distressing intrusive thoughts). Converging evidence from studies examining more general levels of control in OCD suggests that individuals with OC symptoms may hold a higher level of DC (Brown, 2001; Moulding & Kyrios, 2007; Sookman, Pinard, & Beck, 2001), and a lower SC over the self and world (McLaren & Crowe, 2003; Moulding & Kyrios, 2007; Zebb & Moore, 2003). Rees et al. (2006) studied differences between a clinical OCD and a non-clinical group on selected facets of specific dimensions of the revised NEO personality inventory, which have been shown to be more specific to OCD (Rector, Hood, Richter, & Bagby, 2002), and found that the "primary distinction between the two groups studied is that the OCD group displayed a distorted perception of their competence" (p. 40), with the OCD group showing lower scores. Using the Vulnerability Schemata Scale, Sookman et al. (2001) found that need for control was higher in individuals with OCD ($n = 32$) than in patients with other anxiety disorders ($n = 15$), mood disorders ($n = 12$) and a normal control group ($n = 52$), although they suggested it was a response to a fear of negative affect. Moulding and Kyrios (2007) found that in a non-clinical student population, higher levels of general DC and lower levels of SC were associated with higher levels of OC-related beliefs and OC-symptoms, and control beliefs were also found to predict other OC-beliefs.

More recently, Moulding, Kyrios and Doron (2007) suggested that the link between OC phenomena and perceptions of control would be more evident in particular situations, such as where the individual's SC is undermined (e.g., in situations appraised as threatening). In such

situations, DC may lead to the use of short-term strategies aimed at regaining this sense of control. To examine this proposal, Moulding et al. examined the relationship between situation-specific appraisals of DC and SC in relation to other OCD-relevant constructs (responsibility, threat) and aspects of OCD symptoms (affect, action), using a large non-clinical sample. Individuals were presented with four OCD-relevant vignettes (concerns regarding leaving a tap running), which varied in the degree of threat and responsibility. In the scenarios, appraisals of desire to control were moderately increased by higher levels of responsibility and threat, while sense of control showed little or no relationship with these constructs. Furthermore, control constructs predicted negative affect and the use of action to control the threat, over-and-above appraisals of responsibility and threat. The control appraisals were found to be particularly relevant to affect and action when threat was high, but responsibility low. It was suggested that the pattern of results is consistent with a higher DC, but lower SC, being linked to OCD-behaviors and affect. In particular, in specific situations where feared consequences may occur but perceptions of responsibility are low, control appraisals may be a determining factor in the motivation to act out compulsions.

The previous study by Moulding et al. (2007) was conducted in an analogue student population. While non-clinical participants experience OC-related phenomena and associated cognitions, they may differ from clinical patients in the type, severity and symptom-related impairment (Rachman & de Silva, 1978). It is important to extend the analysis to clinical participants to enable stronger inferences regarding the relevance of control constructs to clinical presentations of OCD, and their relationship with other constructs currently implicated in OCD (threat, responsibility). Comparing the extent to which individuals with OCD show such dysfunctional control appraisals may enable a better understanding of the degree to which these dimensions are specific to OCD (versus other anxiety disorders), and what role they might play in this disorder, and perhaps in other disorders. Ultimately, this may strengthen our understanding of cognitive processes in OCD, and hopefully contribute to improved treatments for the disorder.

The present study extended previous findings by examining control appraisals in clinical and community populations (OCD, Anxiety Disorders, Community Controls), in checking-relevant situations. The first aim of the study was to examine overall differences between groups in levels of DC and SC, along with responsibility and threat. While control constructs and threat are relevant to other anxiety disorders (e.g., Bandura, 1997; Rapee, 1998) it was expected that in OCD-relevant situations, individuals with OCD would differ to both control groups. Specifically, it was hypothesized the OCD group would display higher overall appraisals of responsibility, threat and desire for control, and lower appraisals of sense of control, than the control groups. The second aim of the study was to examine the influence of threat and responsibility manipulations on control appraisals, in order to further relate control constructs to beliefs in traditional cognitive theories of OCD. It was hypothesized that increasing the

Download English Version:

<https://daneshyari.com/en/article/910128>

Download Persian Version:

<https://daneshyari.com/article/910128>

[Daneshyari.com](https://daneshyari.com)